

Aim: To explore the vascular patterns of the branches distal to the common palmar digital arteries.

Method: The study was carried out on the radial and ulnar margins of 12 fingers from 3 cadaveric hands. The dissection was done under 6.5–10x magnification using a surgical microscope. The hands were pre-injected with latex.

Results: Similar pattern was identified in the number, anastomoses and size of the branches. The cutaneous and palmar plate branches were variably placed along each source vessel. The transverse palmar arches are not always visible; this might affect the success rate of some reverse island flaps since they depend on the reverse flow from these arches. The arteries (including the radial indicis artery) were closer to the anterior surface of each finger than previously described. Incisions that are used to harvest common flaps may affect the delicate branches to flexor sheath.

Conclusion: An understanding of the branching patterns of the proper palmar digital arteries is useful in determining the degree of vascular risk accompanied commonly performed procedures i.e. tendon injuries and finger tips reconstruction. The descriptions produced may improve pre-operative planning and facilitate more accurate assessment of poorly vascularised repairs.

0837 INDEPENDENT TREATMENT CENTRES CAN BE UTILISED TO FACILITATE EARLY DISCHARGE IN THE CONTEXT OF ONE-STOP RAPID ACCESS COLORECTAL CLINICS

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Aim: The aim of this pilot study was to evaluate the benefit of running one-stop clinics in conjunction with an Independent Treatment Centre (ITC) in the diagnosing and management of colorectal cancers.

Method: We reviewed the clinic letters of all patients referred to a two week wait (2WW) clinic, comparing those who were seen in the one-stop clinic in collaboration with an ITC with those seen in the standard NHS clinic.

Results: Of 99 patients, 45(45%) were seen in the ITC clinic, 43 of whom had a flexible sigmoidoscopy (FS) on the same day. 8(18%) were referred for colonoscopy and 13(29%) for further imaging. 27(60%) were found to have no significant pathology and were discharged that day. 54/99(54%) were seen at the standard clinic with a separate endoscopy appointment. Only 3(6%) of these patients were discharged the same day, with 34(63%) referred for colonoscopy, 6(11%) for FS, 19(35%) further imaging, and 2(4%) for surgery.

Conclusion: This pilot study showed that a well-organised one stop service can be provided by a rapid access clinic in collaboration with an ITC. Subsequently, all 2WW patients are being seen in the ITC and we will continue to report on their outcomes.

0839 DEVELOPMENT OF CONSENSUS-BASED GUIDELINES FOR ACUTE LIMB ISCHAEMIA – A REGIONAL AUDIT COLLABORATION

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Aims: The authors aim was to determine the current management of acute limb ischaemia in the Severn Deanery and compare against available international guidelines in order to develop consensus-based guidelines.

Methods: Initial patient data collection began at a Trust level and included all patients presenting with acute limb ischaemia. Details of patient's presenting features, along with timing to vascular review and management, including anti-coagulation were included. Data was collected using the Survey-Monkey database and smart-phones. The audit was distributed regionally via the Severn and Peninsula Audit and Research Collaborative for Surgeons (SPARCS).

Results: Trust level data collection revealed discrepancy between patient's initial management. Inconsistencies were discovered between time to vascular review and instigation of initial treatment. Initial management included decision to image and treatment with anticoagulation. At time of audit no local Trust protocols were available in managing patients with acute limb ischaemia.

Conclusions: Significant inconsistencies were identified in the initial management of acute limb ischaemia. A major reason for this is the lack of

internationally recognised evidence-based guidelines. Consensus-based guidelines have been developed in order to aid in the management of acute limb ischaemia. These are being implemented across Trusts as part of an ongoing quality improvement project.

0842 AN INTELLIGENT REFERRAL CO-ORDINATION SERVICE COMBINED WITH ADVICE AND FOCUSSED EDUCATION IN PRIMARY CARE IS CURRENTLY NECESSARY TO SAFEGUARD REFERRAL QUALITY

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Aims: Patient referral from primary to secondary care varies in quality can often be directed to the wrong subspecialty. Could a regional intelligent referral co-ordination service (RCS) providing focussed education efficiently improve the precision of referrals, assist GPs in preventing unnecessary referrals and benefit patient care?

Methods: A prospective pilot study of a regional referral co-ordination service requiring collaboration between the PCT, primary care and two DGH's. All gastrointestinal (upper+lower GI/liver/biliary), vascular and general surgical referrals over 30 weeks were reviewed by single clinician. Referral appropriateness, urgency, designated specialty and requested service was assessed. Advice, education including optional open-dialog was provided for sub-optimal referrals. Referrals were adjusted or postponed at this point.

Results: 1,221 patient referrals were assessed. 42%(510) required adjusting. Of these; 75%(385) were adjusted and processed with focussed education, 15%(74) led to treatment advice thereby avoiding referral, 10%(51) required discussion before establishing patient pathways. Those adjusted and processed; 38%(148) were upgraded in urgency, 3%(13) were downgraded, 25%(96) went straight-to-test, 20%(76) were redirect from inappropriate investigations.

Conclusions: The RCS efficiently provided focussed personal education to GPs. Referrals were dramatically improved, demonstrating clear benefits to patient care. Focussed support is needed to help GPs accurately and efficiently refer patients.

0846 SELECTIVE USE OF CT REDUCES NEGATIVE APPENDICECTOMY RATES AND HOSPITAL STAY. A PROSPECTIVE STUDY

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Aims: To demonstrate that selective abdominal CT has a benefit in reducing negative appendectomy rates associated surgical complications, length of hospital stay and overall NHS costs.

Methods: Over a two year period in a District General Hospital a total of 404 patients were admitted with right iliac fossa (RIF) pain. Of these patients those who were found to have symptoms, signs and a WCC giving an Alvarado score of 8 or more, appendectomy was undertaken. Patients who had an Alvarado of 4–7 were divided into those who had abdominal CT scanning with management according to the CT result and those who were further clinically observed, with treatment depending on their clinical course. An analysis of clinical outcomes, subsequent negative appendectomy rates and hospital stay was then made.

Results: The results demonstrated that the negative appendectomy rate in patients with an Alvarado score of 8+ was 9%. In the Alvarado score 4–7 group the negative appendectomy rates for CT and non-CT patients were 7% and 24% respectively.

Conclusion: The study demonstrates that CT scanning has a useful role in clarifying the diagnosis in patients with RIF pain. It must be advised that the use of CT is selective and not routine.

0848 GROUP A STREPTOCOCCUS OUTBREAK – A CLINICAL GOVERNANCE ISSUE

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